

Record of Illness, Accident, Hospitalization or Injury

Date	Age	Illness/Hospitalization/ Accident/Injury

Record of Allergy or Sensitivity

Date	Age	Allergy/Sensitivity/Reaction

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Developmental Record

As your child grows, be certain to record the dates when you first notice these developmental milestones.

Activity	Date
Smiles responsively	
Raises head and chest while lying on stomach	
Laughs aloud	
Grasps and shakes rattle	
Rolls over	
Sits up with support	
Transfers toys from one hand to the other	
Recognizes own name	
Sits up without support	
Goes from sitting to crawling or creeping	
Pulls up to a standing position	
Says first words	

Special Milestones	Date
Picks out familiar objects in picture books	
First steps on own	

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Special Milestones	Date
Picks out familiar objects in picture books	
First steps on own	

Vaccine	Age	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs
Hepatitis B		HepB	HepB	HepB								
Rotavirus				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP	DTaP						DTaP
Haemophilus influenzae type b			Hib	Hib	Hib	Hib						
Pneumococcal			PCV	IPV	PCV	PCV						PPV
Inactivated Poliovirus				IPV	IPV							IPV
Influenza								Influenza (Yearly)				
Measles, Mumps, Rubella								MMR				MMR
Varicella								Varicella				Varicella
Hepatitis A									HepA (2 doses)			HepA Series
Meningococcal												MCV4

Legend:
 Range of recommended ages
 Certain high-risk groups



Source: Centers for Disease Control and Prevention

YOUR BABY'S HEALTH RECORD

Child's Name

Birth Date



YOUR BABY'S HEALTH RECORD

Child's Name

Birth Date



Child Identification

Place color photo here

Sex _____ Race _____

Eyes _____ Hair _____

Blood type _____

Birth Place _____

Birth Date _____

Child's Full Name _____

SS# _____

Parent/Guardian Name _____

Home Phone _____

Address _____

City _____

Special Identification features:

(scars, birthmarks, any features that help describe your child)



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Test Record

Test	Date	Results
Newborn Screening		
Tuberculin		
Hemoglobin or Hematocrit		
Urinalysis		
Lead Screening		
Cholesterol		
Vision		
Hearing		
Other		

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Newborn Screening		
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Lead Screening		
Cholesterol		
Vision		
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Other		

Record of Immunization

	Recommended Age	Date Given	Where Given*	Reaction
Hepatitis B	HB-1 Birth - 2 mos			
	HB-2 1 to 2 mos			
	HB-3 6 to 18 mos			
	(11-12 yrs) ¹			
Diphtheria, Tetanus, Pertussis	2 mos			
	4 mos			
	6 mos			
	15-18 mos			
	4-6 yrs			
	11-16 yrs (tetanus, diphtheria)			
H. influenzae type B	2 mos			
	4 mos			
	6 mos ⁴			
	12-15 mos			
Inactivated Polio	2 mos			
	4 mos			
	6-18 mos			
	4-6 yrs			
Pneumococcal Conjugate	2 mos			
	4 mos			
	6 mos			
	12-15 mos			
Measles, Mumps, Rubella	12-15 mos			
	4-6 yrs (11-12 yrs) ²			
Varicella	12-18 mos (11-12 yrs) ³			

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	6 mos			
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	4-6 yrs			
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H. influenzae type B	2 mos			
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	6 mos ⁴			
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Inactivated Polio	2 mos			
	4 mos			
	6-18 mos			
	4-6 yrs			
Pneumococcal Conjugate	2 mos			
	4 mos			
	6 mos			
	12-15 mos			
Measles, Mumps, Rubella	12-15 mos			
	4-6 yrs (11-12 yrs) ²			
Varicella	12-18 mos (11-12 yrs) ³			

	Recommended Age	Date Given	Where Given*	Reaction
Hepatitis A - In selected areas	12 - 23 mos			
Other				

See Footnotes

* 1. Doctor's Office, 2. Health Dept., 3. Other

Footnotes

1. All children and adolescents (through 18 years of age) who have not been immunized against Hepatitis B may begin the series during any visit.
2. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.
3. Those who have not had a documented case of chickenpox or have not been immunized should receive the vaccine.
4. If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 months and 4 months, a dose at age 6 months is not required. The final dose in the series should be administered at age ≥12.

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Other				

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